DOCUMENT RESUME

ED 346 962 PS 020 564

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TITLE A Descriptive Assessment of Project Focus' Home Visit Program.
PUB DATE May 92
NOTE 77p.
PUB TYPE Reports - Descriptive (141) -- Reports - Evaluative/Feasibility (142) -- Tests/Evaluation Instruments (160)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS Agency Cooperation; Blacks; Community Resources; Ethnography; Family Characteristics; Family Problems; Family School Relationship; *Home Visits; Literacy; *Low Income; One Parent Family; Parent Child Relationship; *Parent Education; Parents; Preschool Children; *Prevention; *Program Evaluation; Rural Areas; School Readiness
IDENTIFIERS *Family Resource and Support Programs; *Project Focus SC

ABSTRACT

This document presents a descriptive study of the Home Visit Program, which is part of Project Focus. The project was designed to support healthy family development by offering a broad range of services to families of children from birth to 5 years of age in two school districts. Emphasis was placed on preventive services for families in high-risk situations, especially those in poor, rural areas. The primary goals of the home visit program were to promote a literacy orientation in the parent-child relationship and promote family wellness. This document describes the content of the home visits, the types of support provided, the activities that the home visitors developed for the families, parent perceptions and behaviors, and the extent to which the parents participated. The study of the home visit program described in the document involved 35 at-risk families in intensive parent education and family support services. While the general content of the home visits was based on school readiness skills, the activities undertaken with each family emerged from the dynamics of the relationship between the home visitor and the parent. There was a relationship between parents' increased involvement in support activities and their proactive relationships with their children. Recommendations for improving the functioning of the program are provided. Appended are 15 references and assessment forms. (GLR)

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A Descriptive Assessment of Project Focus' Home Visit Program

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Parent education and family support strategies have gained increased attention as a result of new knowledge on the value of early intervention (particularly prevention) with families and the recognition of the complex situations in which families live. Weiss & Jacobs (1988) note that across many family helping disciplines, parent education and related support strategies have increased dramatically during the 1980's. This trend has been especially prevalent in prevention and rehabilitative work with multi-problem families. In the 1989 legislative session, South Carolina adopted the Target 2000 Parent Education Program with funds for fourteen pilot projects.

Introduction

The Target 2000 Parent Education Program created a framework in which school districts could submit competitive bids for funding to pilot innovative projects. This framework, based on research findings from other state and national parent/family oriented programs, included the following elements that selected projects would address: parent education, family services, developmental screening for children, literacy and adult education, and related services that support families. Additional parameters required projects to focus on the early years (birth - 5 years of age), provide intensive services to at risk families, organize and use an inter-agency system, use diverse methods of service delivery, and conduct continuing training and evaluation activities pertinent to the projects activities.

Funded projects were encouraged to explore various strategies at the local level that might achieve the statewide goals:

*Demonstrate effective methods of parent training and support that enable parents to excel in their role as the principal teachers of their preschool children.

*Develop and coordinate appropriate services based on assessed needs of the families and children.

*Strengthen family relationships (using various strategies) so as to impact positively on the growth and development of the child.

*Improve the education, skills, and employment potential of the parent or guardian.

*Assure preschool developmental screening for all children whose families are served in the program.

Project Focus: An Overview

Funded in 1990 as one of the Target 2000 Parent Education Programs, *FOCUS* developed a broad mission that was designed to support healthy family development. The belief was that healthy families offer children continuity, understanding, and security, which in turn provides them with an environment that promotes success. Initially, *FOCUS* attempted to offer a broad range of services to families of children birth through five years of age in Allendale and Hampton I school districts, with an emphasis on preventive services for families in at risk situations.

In particular, *FOCUS*" design called for experimenting with comprehensive parent education and family support strategies that would work in poor, rural areas. Service delivery methods were to include home visits, group meetings, close involvement with existing preschool - kindergarten/primary programs, inter-agency collaboration, community awareness, individualized family services, and other activities that might strengthen families. Services were based on an ecological approach with emphases on parent education, family support (health, adult education, medical, family management, social networking, child assessments, family-school-linkages), and the development of a family-school-community system that would be proactive in pursuing a positive approach to working with families.

From the beginning, *FOCUS* operated on an important assumption: ***that all families have strengths and that they can actualize these***

strengths when their contexts are inclusive of the resources essential to wellness. Thus, *FOCUS* worked with all family members (often reaching beyond the age span birth - five years) and all of the systems that influenced participating families. A concern that permeated the work of the project was that of attending to all reasonable family concerns, that in the family's view, might strengthen their functioning.

Project FOCUS utilized several means to achieve its mission: organization and use of a home-school system that connected family support to the child's learning and development, development of an inter-agency structure that fostered coordinated family support, use of community awareness projects, planning and use of continuing training services, formation of a continuing data gathering process, use of group and individualized parent education services, deployment of continuing child assessments (along with supportive activities), and provisions for individualized family support through intensive home visiting. The project has a central office on the USC - Salkehatchie Campus that contains a lending library and that promotes various training and research extensions of project emphases into teacher education, high school mentoring opportunities, and adult education settings.

The project has an effective organizational structure for functioning within a rural setting. Capitalizing on a *consortium model*, two school districts share a central administrative office, materials, resources, training, and other support resources. Each district, however, has a school-site office, a home-school-leader, and a system for program work that is viable for their community. In this way the two districts are able to share common activities and yet maintain their individual identity. This structure has also enabled the project to share services with other districts in their geographical area. Training, materials, and consultation services have been shared with over ten other school districts.

The Home Visiting Program

The evolution of any pilot project brings refinement and focusing of energy on particular needs and strategies. This is a desirable process that is essential to the project's identity, effectiveness, and eventual integration into surrounding systems. Given the limitations of staffing and resources, *FOCUS* attempted to identify the most critical needs in the community that it could serve and then develop the most effective system it could to meet these needs. Between March and September of 1990, the project director and the program development consultant carried out a process to determine how the project could best articulate an identity that would relate in a meaningful way to the family-school-community context. This process included the following:

*Interviews and discussions with the principals, teachers, parents, and home-school-leaders at the schools involved with the project.

*Planning and discussion sessions with the inter-agency advisory council.

*Staff planning and feedback sessions during which critical needs and the development of an effective system for meeting these needs were explored.

*Project-wide needs assessment results which were obtained from teachers and advisory council members.

*Observations on how other projects with similar goals and resources were designed.

*Consultation with state level early childhood and parent education professionals on observations related to structuring *FOCUS* to have the most positive influence on families and schools.

Emerging from this process were several observations. Both school districts had child development and kindergarten programs which served the same population as *FOCUS*. Project offices were physically located in these schools, thus offering a natural context for linking the programs to the schools in a meaningful way. The needs assessment had identified literacy and school

readiness as priority needs, particularly among at risk families. It was also noted that local health and mental health agencies were structured to provide services for children and families birth - three years.

Through an integration of input from all sources including staff, school personnel, inter-agency people, and outside sources, it was determined that the following were needed and viable directions for the project to explore:

*Devote priority to serving multi-problem families most in need, including about twenty-five families per each school district.

*Give priority to serving families with children three - five years of age.

*Place emphasis on working with the whole family, including children younger and older than the primary child enrolled.

*Relate the program to the existing preschool and kindergarten-primary programs in the schools where the site offices are housed.

*Relate program activities to those of other family support agencies, particularly for children in the birth - three year range.

*Develop the home visit process as the primary delivery system, with group meetings and related service methods supporting this process.

*Give priority to literacy and parent-child readiness skills in the educational emphasis, with individualized family services provided as needed to strengthen families.

*Develop and sustain close in-classroom involvement with children and teachers involved in the project.

Beginning in October/November of 1990 these directions were used in guiding the work of *FOCUS*. A home-school-leader worked in each of the school sites (Fairfax Elementary and Varnville Elementary). In collaboration with the project director, they directed their energy toward providing about twenty-five at risk families with comprehensive services - with the primary focus on parents of children in the three - five year age range. The families

were selected on the basis of being most in need. A collaborative approach involving teachers, agencies, and other community input was used in selecting the families. While the home visit process was the primary delivery system, it was supplemented with group meetings, inter-agency services, classroom based activities, child assessments, parent-child specific services, and community involvement activities. *The total family system was the guiding force in the work of the project and an empowerment philosophy has prevailed in all aspects of the project.*

The home-school-leaders are the key to the project's viability. They provide the critical link for bringing together the family-school-community partners. They were carefully selected based on criteria such as educational attainment, prior experiences in working with young families and children, acceptance in the community, effective interpersonal skills, ability and experience in working within a school setting, and a positive philosophy toward working with families. Both home-school-leaders **(they are often referenced as home visitors in this report)** live in their communities, are familiar with community values, know the needs of the families, are respected by teachers and parents alike, have good interpersonal skills, and have had some post-high school education. The home-school-leaders have received continuing training in the various aspects of the home visiting process. Training sessions have included information on parent education, parenting, planning, communication, program management, working with at risk families, and related content and strategies.

In carrying out multiple roles, the home-school-leaders provide the continuing responsiveness that make the parent education and family support services meaningful to the families served. They provide the on-site coordination of services at their school, collaborate with school staff and integrate their work with the goals and activities of the early childhood

programs in these schools. They are the primary liaisons with the families, developing trust with them and helping them to effectively relate to the school and community ecology. In addition, the home-school-leaders provide the impetus and management for large group parenting programs, community involvement, and articulation of the program within their communities.

Perhaps the most vital role they perform is in bringing about a family strengthening process in their work with parents and children, particularly as they engage families in becoming involved with each other and the school in positive ways. The director of the project (Skrupskelis, 1992) states it well:

> The home-school-leaders have found that it is not so much the product that is important, as the friendship and support process that began to build up between them and the parents.

This friendship and support process is at the center of the home visit program.

The mission and approach embodied in *FOCUS'* home visit program reflects the project's overall goal of empowering families and schools. In a sense, the work of the home-school-leaders epitomizes the *mutuality* that should be the priority of every early childhood program. This mission and approach focuses on the individuality of each family, their strengths, their needs, their relationships with the school and community, and their total development within these interacting systems. The ultimate goal is to help everyone in the family have success, in the family and at school. In correspondence with this mission, several strategies were used.

Selection of Families: In each of the two communities approximately twenty-five families with children in the 3-5 year age-range were chosen for intensive services. They were selected based on their need for preventive services. A priority concern was helping families who clearly had children who

were at risk for school failure.

Focus of Effort: Project staff used an ecological approach in working with families, attempting to identify and support families in dealing with needs they deemed important. *Major efforts were literacy based, using parent education lessons in home visits and corresponding activities in the classrooms for those children enrolled in the school's four or five year old programs.* However, the home-school-leaders provided many individual support services to families ranging from health care to family management resources - often providing services to older and younger children.

Family-School Connection: From selecting families for participation to the planning of home visit materials, teachers and school administrators were closely involved. With the home-school-leaders housed in the schools, the potential for daily planning and communication was actualized. Further, the home-school-leaders worked in the classrooms where the children were enrolled and thus were able to forge a school-family linkage.

Use of Community Resources: Community collaboration and inter-agency sharing were at the core of the home visit process. Family needs such as housing, health, heating, clothing, food, mental health services, and many other family-specific needs were met through a truly collaborative process. Group parenting programs, community awareness activities, and other events were used to supplement the intensive work carried out in the home visits.

Individualized Family Services: One of the strategies that proved most effective was that of working with each family as a unique group of caring persons. While the home-school-leaders utilized a lesson plan format for home visits, the plans were based on the strengths and needs of each family as they emerged within the home visitor/family relationship. A belief of project staff was that the basic parent education goals of the project could best be realized through this approach. In this way specific family stressors that might be

impeding the family's functioning were dealt with while also pursuing the educational content of the project. This philosophy of individualized relationships with each family provided a basis for seeing their strengths and developing plans that supported these strengths.

Home Visit Plans and Process: The home visit process involved the development of individualized lesson plans for each family. The focus of the plans was on attaining parental involvement with their children on basic literacy and school readiness skills. The home-school-leaders developed these plans based on their assessments of family strengths and needs, data acquired from the child assessments (The Daisey and DIAL assessments and related assessment data), input from teachers who had some of the children in class, feedback from agency personnel, and other assessments. Each home visit plan included a topic, objective, materials, and appropriate strategies. A home visit report form was completed after each visit, thus providing a system of continuing feedback for future planning.

The home visit process was guided by the premise that plans should be adapted to the family's situation. The combination of formal planning with home visitor responsiveness to the family's immediate needs was a real strength of the project. Visits were scheduled around the family's needs and were scheduled in relation to each family's context. While most families were visited twice a month, some families needed more support and were visited more often. Wherever possible the home visit process was connected to the school. The nurturing of a positive family-school relationship was a major emphasis of the work of the home-school-leaders.

A Philosophy of Friendship: Parent-professional relationships have many dimensions that involve expertise, collaboration, planning, decision making, and other supportive roles. Recent work in the helping process has provided particular insight on the role of friendship. This work indicates that helping

relationships have to be based on a trust that is reflective of the friendship process. *FOCUS'* home visit program was committed to nurturing a friendship philosophy between home visitor and parents, a relationship process that recognized the professional role of the home visitor and yet included the intimacy and nurturing that are a part of authentic helpers. This was seen as especially critical in this program because many of the parents live in isolated, rural settings where social contacts are very limited. Indeed, even a cursory review of the home visit report notes indicate that parents were quick to seek out the friendship attribute in the home visitors. On the surface this process may seem so simple as to be overlooked. Yet *FOCUS* capitalized on this critical process as it provided the key avenue for strengthening parent self confidence, enhancing parent-child relationships, improving family-school connections, and involving parents in building more viable social networks.

Relationship to other Programs: The home visit program was based on the criteria of quality parent education programs that Powell (1988, 1990) has identified. These criteria emphasize the following: program services should be related to the distinct needs of the clientele, parent-professional relationships should be based on a equitable and mutual understanding, a balance should be maintained with regards to both parent and child needs, and an open and responsive climate should be maintained. *FOCUS* has used these and other quality features in their program work. The program has also used ideas from various national and state programs such as *Parents as Teachers* and the *Minnesota Early Childhood Family Program.*

A Descriptive Analysis of the Program

Project FOCUS' home visit program hoped to achieve a family strengthening influence through intensive parent education and family support services. It engaged at risk parents and children in these services in supportive ways. In order to assess the evolving nature of the program as well as various

aspects of its influence, an ethnographic study process was conducted.

The key questions examined in this study were:

1) What is the content of the home visit process?
    a) What are the purposes of the home visit?
    b) How and by whom were the purposes of the home visit established?
    c) What activities are a part of the home visit?
    d) What materials and resources are used as a part of the home visit?
2) What parental involvement behaviors occur during the home visit process?
    a) How do parents get involved in the home visit?
    b) What specific activities do the parents actually do during the home visit?
    c) What questions do parents typically ask during the home visit?
    d) How do the parents show evidence of using the activities and materials presented during the home visit?
    e) Of what value do parents perceive the home visit?

The design of the study was descriptive in nature, relying on ethnographic data collection strategies. Descriptive research attempts to provide an in-depth understanding of particular features of specialized study questions. Ethnographic study tools and processes, according to Spradley (1979) are used to learn about a cultural context through multiple perspectives. In this study, home visiting served as the context. The work of Powell (1989) and Weiss & Jacobs (1988) provided the content and process emphases of study.

Specific data collection instruments used were, for the most part, comprised of existing forms and records kept by the project's home-school-leaders. A data synthesis-assessment form and pertinent staff and parent interview and questionnaire forms were developed by the researcher. In addition, project documents, records, researcher observations and field notes

were used. The data collection process was a collaborative endeavor between the researcher and the project staff and parents.

Data analysis and interpretation followed Spradley's (1979) descriptive/ethnographic principles. The key questions of the study, as generated through an analysis of research on parent education/home visiting provided the direction for analysis and interpretation. Descriptive studies attempt to combine the benefit of observational and ethnographic data that is present in the culture and/or process under study. This study utilized the major findings of past research on early childhood parent education/home visit programs to formulate the key questions examined. These key questions provided the organizational structure for carrying out the research process inclusive of the selection and development of instruments and processes for data collection, the articulation of categories for organizing the data into meaningful descriptions about the home visit program, and the analysis and interpretation of these descriptions relative to their meaning about the home visit process.

The population for this study was comprised of approximately 35 at risk families who live in the school districts served by *FOCUS* (Allendale Hampton I). The parents selected had children in the birth - five year age range who were identified as at risk for school failure. Based on a 1991 state parent education survey of Target 2000's participating families (Mahoney, 1991), the information specific to *FOCUS'* families is summarized as follows.

Characteristics of Participating Families

*Approximately 82 percent are headed by single-parents.
*One-third of the parents have never been married.
*About 83 percent of the parents were unemployed and less than 10 percent have full-time work.
*90 percent of the families had an annual income of less than $12,000.
*56 percent of the families were black, 40 percent white, and 4 percent of other

ethnic origins.
*The average parent is 34. *This average is deceptive because of the large number of grandparents who were functioning as parents.* When grandparents are not included in the average, the norm is 24.
*The average age of the children was 4.8.
*The average number of children per family was 3.5.
*100 percent of the families are classified as rural.
*The mean number of years of education for parents was 10.5.

Research Study Tools were selected and/or developed within the ethnographic design of the study. In this regard, it was determined that a combination of existing data forms used in the project and especially designed staff and parent interview/report forms would best serve the function of acquiring the most authentic information on the questions under study.

Home visit studies using a descriptive-ethnographic orientation have used the records, behaviors, and processes carried out in these projects as the content of research (Gordon, 1975; Schaefer, 1985; Powell, 1989). This study used a similar approach. The researcher studied the record keeping tools used in *FOCUS* 's home visit program and determined that they were using two record keeping tools that would provide authentic and comprehensive information on the questions under study. These two forms contained information on the goals, activities, materials and resources, and follow-up information on the home visits. In addition, the home visit report form included information on what actually happened in the home visits. A third form was the family in-take form used by project staff.

To facilitate the data analysis process, a data organization form was developed. Utilizing the key questions under study, a *Home Visit Data Analysis Form* was developed. Data gleaned from the existing forms described above were transcribed to this form, utilizing a ***recurrent themes*** structure in the

synthesis process.

A *Staff Self-Report Interview Form* was developed to gain additional information. This form was used in two ways: as a self-report form for staff to complete, and as an interview prototype format. This form enabled the researcher to accomplish two processes: acquire authentic information on home visit content and process elements not available in existing documents, and to acquire an **emergent view** of the staff's perceptions of the home visit project. A similar form and process (*Parent Self-Report Form)* was used with parents. With parents the process was limited to a self-report mode with some exceptions.

In addition, existing project records were used such as family files, materials and resource artifacts, staff planning records, training records, advisory council notes, and a plethora of other project data inclusive of annual reports and period evaluation documents. Parent, child, and family confidentiality was adhered to throughout the study.

The data collection process was a continuing effort that took place within the activities of the project. It was initiated in March of 1990 and continued through April of 1992. However, the home visit data collection process was formally initiated in November, 1990 and continued through April of 1992.

Within this approach, particular tools were used to record and document events and processes significant to the central focus of this study. The *Focus Family In-Take Form* was completed on all families who participated in the home visit program. This form provides information on the family's status such as critical child and parent demographics and pertinent child/family background information. *The information contained in this instrument was used to develop a profile on the families involved* (age, needs, family economic status, parents' education, number of children and adults in the home) and to

gain insights into specific needs and situations of individual families.

The *Home Visit Lesson Plan Form* was used to acquire data on the individual plans designed to meet each family's needs. This form includes the following information: focus of visit, objective, materials, procedures, activities, results, focus of next visit, and referral or suggestion notes made by the home visitor. Home visitors completed this lesson plan form prior to each visit. The form *was used to determine the content of home visits* (topics addressed, skills emphasized), *the sequence and pattern of topics addressed* in home visits over the project period, *the processes used* (home visitor initiated activities, materials used, involvement behaviors of parents), and *to take note of any particular parent-specific objectives addressed.*

The Home Visit Report Form was also used in this study. This form was to be completed after each visit. It is a narrative type of reporting form that asks the home visitor to record a summary of the visit and to take note of any specifics that might strengthen their continuing work with the family. *This form was used to acquire an understanding of what actually went on during the home visits.*

In order to record and organize data gleaned from these forms, the researcher developed a synthesis tool called: *Project Focus Home Visit Assessment Form.* This form was utilized as a means of synthesizing data into a format for answering the key questions of the study. It includes a section for recording basic information on the family such as: age of child and parent(s), number of adults and children in the household, level of education attained by the parent(s) and economic and employment data on the parent/family.

The *Focus Staff Interview Form* was used to accomplish two purposes: acquire first-hand perspectives from the staff (particularly the two home visitors) on issues related to the key questions of this study, and to develop a basis for comparing findings generated from data collected on the forms to that

of staff observations. The interview form includes questions that probe staff on the following: home visit program goals, home visit content sequence or patterns, emphasis of visits (educational, support, or combined), focus of educational content of visits, methodology used, how visits were individualized, number of visits per parent per month, ages of children primarily served, attributes of parents served, relationship with parents, linking of program to other services and helpers, program-school relationship, perceived strengths/needs of self as a home visitor, and general recommendations for program improvement

The *interview process* was a continuing one including: initial interview, analysis of interview findings, development of "gap questions" by interviewers, and follow-up interview. This emergent orientation to the interview process corresponds closely with Spradley's (1979) emphasis on the gradual acculturation of the researcher by the informants. A similar process was carried out with the *Parent Self-Report Interview Form.*

Data analysis and interpretation followed the accepted practices of descriptive/ethnographic studies. Spradley (1979) notes that descriptive and ethnographic data analysis aim to identify *distinctive cultural or process themes* that are prevalent within the context under study. The field of early childhood parent education has identified some critical *process themes* (Powell, 1988, 1989; Weiss & Jacobs, 1988). The researcher used the themes identified by Powell and Weiss & Jacobs for generating the key questions of this study. These questions served as the organizing framework for the collection and analysis of the data on the home visits program. In effect, *these questions served as the structure for identifying and describing the recurrent events, activities, and behaviors prevalent within the home visit program.* Table 1 provides a description of the key questions studied along with the data collection instruments used to gather and organize pertinent information.

Table 1

Key Questions of the Study and Data Collection Instruments

QUESTION	INSTRUMENTS
1) What is the content of the home visit process/sequence?	Home Visit Lesson Plan Form
a) What are the purposes of the home visit?	Home Visit Report Form
b) By whom and how were the purposes of the home visit sequence established?	Home Visit Assessment Form
c) What activities are a part of the home visit process?	Staff Interview Form
d) What materials/resources are used as a part of the home visit process?	Project document assessments
2) What parental involvement behaviors occur during the home visit process?	Home Visit Lesson Plan Form
a) How do parents get involved in the home visit process?	Home Visit Report Form
b) What specific activities do the parents actually do during the home visit process?	Home Visit Assessment Form
c) What questions do parents typically ask during the home visit process?	Staff Interview Form
d) How do the parents show evidence of using the activities and materials presented during the home visit process?	Project document assessments
e) Of what value do parents perceive the home visit process?	

One way of determining recurrent processes is through the quantification of how often they take place within a particular time frame (Spradley, 1979). Usually an event, process, topic, or behavior that recurs frequently indicates the participants valued this element of their interactions. Utilizing the key

questions of the study as a framework, the following quantitative data was generated:

*What topics or organizing themes emerged as predominant in the overall profile of the home visit process?

*What activities emerged as predominant in the overall profile of the home visit process?

*What types of materials and resources emerged as predominant in the overall profile of the home visit process?

*What parent and family support services emerged as predominant in the overall profile of the home visit process?

*What participation pattern emerged as predominant in the overall profile of the home visit process?

*What participation behaviors emerged as predominant in the overall profile of the home visit process?

*What types of activities that parents participated in emerged as predominant in the home visit process?

*What types of questions that parents asked emerged as predominant in the home visit process?

*What types of parent involvement with children emerged as predominant in the home visit process?

Beyond the numerical incidence of events, processes, and behaviors, descriptive and ethnographic research is interested in finding out about the *qualitative nature, substance, and meaning of these events, processes, and behaviors* (Spradley, 1979). The following are indicative of the types of **qualitative questions** used in this study.

*Who and how were the purposes, topics, or themes for home visits determined?

*Why were specific purposes, topics, or themes developed or selected for use in

home visits?

*Were planned purposes, topics, or themes of home visits adapted or altered in light of particular family needs? How was this achieved? Was this adaptive process effective?

*How were particular home visit activities implemented? Why? Were activities adapted to parent and child needs, interests, and styles? How? Was this process effective?

*What types of learning materials and resources were selected, developed, and used in the home visits? Why? How were they used? What indicators of usefulness emerged during the project?

*What parent involvement behaviors emerged as significant to the parent-child relationship during the home visits?

*How did parents react to the different activities and services provided during the home visits?

*What particular activities were attractive to parents, why?

*Were there family behaviors that showed that parents were taking on a more active literacy role in the home? What behaviors?

*What were some of the observations on the parent-home visitor relationship?

*Did parents point to any particular benefits of the home visit process?

Data interpretation in ethnographic studies is best realized through the use of a sequentially structured process that draws upon the real-life data collected and the interpretive-analysis skills of the researcher as guided by the accepted modes of study in a given discipline. In this study, the particular work of Powell (1988, 1989) provided the primary framework for the generation of the key questions for study. In addition, the findings of national parent education program evaluations were also used (Weiss & Jacobs, 1988). Table 2 presents the framework used for analysis and interpretation.

Table 2 Framework For Analysis/Interpretive Process

KEY QUESTIONS	RECURRENT THEMES	FINDINGS
1) Content of home visits	Recurring topics, activities, services	Synthesis of content prevalent in home visits
a) purposes of home visits	Recurring home visit goals	Synthesis of goals prevalent in home visits
b) how purposes were established	Recurring goal setting process	Synthesis of goal setting processes prevalent in home visits
c) activities of home visits	Recurring home visit activities	Synthesis of activities prevalent in home visits
d) materials/resources of home visits	Recurring materials/resources used in home visits	Synthesis of materials/ resources prevalent in home visits
2) Parent involvement behaviors in home visits	Recurring parent involvement behaviors in home visits	Synthesis of parent involvement behaviors prevalent in home visits
a) parent interactions during home visits	Recurring parent interactions during home visits	Synthesis of parent interactions prevalent in home visits
b) parent activities achieved during home visits	Recurring parent activities achieved in home visits	Synthesis of parent activities prevalent in home visits
c) parent questions raised during home visits	Recurring parent questions raised during home visits	Synthesis of parent questions prevalent in home visits
d) parent use of home visit activities/materials	Recurring parent incidence of use of activities/materials	Synthesis of activities & materials prevalent in parent usage
e) parent perceptions of value of home visits	Recurring parent perceptions of value of home visits	Synthesis of parent perceptions visits

As the process presented in Table 2 indicates, the key questions of the study served as a framework for then studying the *recurrent thematic events, processes, and behaviors* as they emerged in the home visit program. Through the compilation and assessment of the data, recurrent themes (goals, topics, activities, resources, parent involvement behaviors) were identified that provided a basis for the synthesis of these themes into a profile of meaningful insights on the specific questions under study.

The interpretation process is a critical and complex part of descriptive and ethnographic research. The researcher must translate the meaning of the data collected into some coherent thematic profiles that reveal the significant cultural events, processes, and behaviors identified as significant to the functioning of the group studied (Spradley, 1979). In this study, the interpretive process focused on the articulation of meaningful thematic profiles on the elements studied in the home visit program as guided by the key question established at the outset of the study.

Findings of the Study

The findings of the study are reported in four sections: a profile of the home visits and the participating families; the presence of recurring events, behaviors, and processes as related to the key questions of the study; a synthesis of the major findings of the study; and recommendations that emerge from the project findings as related to project refinements as well as to the findings of other research in early childhood parent education.

A Profile of the Participating Families: The home visit program of *FOCUS* provided 35 at risk families with intensive home visit educational and support services per year during the project period. Twenty of the families were in the Allendale County School District and fifteen were in the Hampton I School District. *Additional families were served on a periodic basis with home*

visits as requested by the schools or agencies (approximately twenty five families, twelve in Allendale and thirteen in Hampton). Additionally, many other families (approximately one hundred fifty) were involved in group meetings or other services each year.

Based on an *analysis of the Family In-Take Forms and the Home Visit Report Forms* completed on the thirty five families, the following data provide a profile of the participants:

Profile of Participating Families Generated From Project Records

*Twenty-one of the thirty-five families were headed by single-parents. All of the single-parents were mothers.
*Seventeen of the twenty-one single-parent families had at least one other adult living in the home with them, typically the grandmother.
**The average number of adults living in the homes of the participants was 3.5.* Thus, most all of the single-parent families and many of the two-parent families had adult helpers in the home. In most cases, the parents pointed to these adults as real supports. In only a few cases did the parents see their other adults in the home as a burden.
*The age-span of the participating parents was from 18 to 61. *Two age-modalities were present:* very young single-parents (with an average age of 23.2), and older parents - of which several were the children's grandparents - (with an average age of 42.0).
*While the average number of years of school completed was 10.3, twenty four of the parents had completed high school. *Those who had not completed high school were typically the teen-parents or grandparents* who were functioning in the role of the primary parent.
*The average number of children per household was 3.5. The range was from one child to nine children.
*The average age of the children of primary service was 4.8. Many of the children had younger and older siblings.
*All of the children were at risk for school failure as determined by the assessment process which included developmental screening, teacher judgment, and input from cooperating family service agencies.
*All of the families qualified for free/reduced school lunch and most of the

families were receiving aid from one or more federal support programs.
*Thirty of the thirty-five families had a parent who was chronically unemployed.

In spite of the many hardships confronted by these families, *a caring and sincere attitude was present in their daily lives.* Typically, they were connected to other caring adults - many of which were living in the home with them. In other cases, families had a relative who lived close by and who was very supportive of them as a family. Most of the parents were eager to be a part of the home visit program, *particularly for the value of having another friend - especially one who had some skills in helping them relate more effectively to the world beyond the family.* Parents and families with the most difficult challenges were those who were isolated from other supports (physically and socially), very young (teen-parents), dealing with a drug-problem, illiterate, and/or had a family member with a serious health problem. *While these families are often classified as "high-risk", they have a wealth of skills and resources that come to the surface when they have positive reinforcement and a supportive system.*

A Profile of the Home Visits: The home visit program of *FOCUS* was designed to provide the thirty-five families with intensive support services, with the primary focus on educational and literacy activities. In accordance with the project's plan, each school had one home-school-leader. These paraprofessionals served various roles of which home visiting was certainly a primary role. The following is a general profile of the home visit process, a more detailed picture of this process is presented within the context of answering the key questions of the study.

Profile of the Home Visit Proces

Typically, the initial visit was used to introduce the parent and family to the program. During one of the early visits, the home visitor administered the child assessment instrument and explained this process to the parent. *The Family In-Take Form* was also completed at this time.

*Using input from teachers, results from the child assessment, and other feedback, the home visitors developed a lesson plan for each visit. This plan was tailored to the needs of each family.

*The basic plan was to visit each family twice a month. This plan was adapted as needed so that in some cases a family was visited several times in one month and another family might be visited just once that month.

*The typical visit lasted about one hour, with variations ranging from a short 20 minute visit to a much longer visit of two hours. The day and time of visits was adjusted to each family's schedule and desires.

*While the pattern of each visit usually consisted of introducing the family to the purpose or activity, demonstrating that activity, involving the parent and child in the activity, and then offering ideas on how they could practice this and other activities until the next visit, there were marked differences in actual patterns as dictated by the family's situation.

*The emphasis in the visits was on helping parents acquire the desired skills so they could become better teachers of their children.

*Another focus of the visits was to *support the parents and families* with needed services and/or with needed help in getting particular services.

*Following each visit, the home visitor recorded notes on the visit for use in future planning and to provide for continual review of their work with the family.

The home visit process was the center of *FOCUS'* project. It was truly family-centered. Parents, the primary child of service, younger and older siblings, and other relatives living in the home were all involved in the home visits. Home visitors made judgments about the needs observed, using input from the parents as a primary source of information. Home visit activities were also related to the child's child development or school functioning and to

related family happenings. Considering the number of children and adults living in the families served, *the home visitors reached over 200 persons through the home visit process.*

Recurring Events, Processes, and Behaviors as Related to the Key Questions of the Study: Ethnographic research designs emphasize the value of recording and analyzing *recurrent events, processes, and behaviors* as they occur in relationship to the key questions under study. The home visit program contained several means for carrying out this process. Data sources such as the home visit plans, the home visit reports, family-intake forms, project records, staff interviews, and the researcher's field notes provided considerable information on the events, processes, and behaviors that comprised the home visit program. The following is a synthesis of information gained from these data sources as they relate to the key questions examined in the study.

What were the purposes of the home visit?

There was consistency of purpose to the home visit process as carried out in *FOCUS. The primary purpose of the visits was to provide educational skills and resources to parents so they could enhance their role as educators of their children.* In ninety-two percent of the visits an *educational objective* was the priority function. These objectives typically dealt with *school readiness* (language, mathematics, and general readiness skills). Within the area of language, for example, vocabulary, oral language skills, and language experiences were predominant objectives noted on the lesson plans. Math objectives most often used were number recognition, counting, and math related concepts such as shapes, distance, and size. *A plethora of general readiness objectives were noted:* color recognition, naming objects, reading to children, field trips, and many language readiness objectives were noted.

The purposes developed in the home visit plans were directed toward parent-child educational activities. These purposes were tailored to particular parent-child situations, with the general emphasis on literacy. *Family support services were also a significant part of the home visits.* Home visit objectives that focused on family support included many areas: providing parents with emotional support, providing information on child-related inquiries, helping parents link-up with school/community resources, assisting parents and children in getting needed medical attention, and various specific services related to the family's basic needs.

About 85 percent of the plans included some form of planned support (often in response to an observed or parent-expressed need). The most prevalent form of support mentioned was providing families with a specific service (food, heat, medical attention, transportation) that strengthened their potential to be effective.

Beyond the objectives noted in the home visit plans, staff perceptions of the purpose of these visits were very instructive. *The home visitors and the project director noted that the home visits had both an educational and support mission.* In particular, the home visitors expressed the view that the two purposes were interrelated. They pointed to their hope that the parents would gain skills for becoming better educators of their children. Yet they saw the clear need for family support services. They also saw the linking up of families with the school and community as a major function of the home visits. The following are examples that the home visitors cited as most indicative of the home visit process.

Home Visitor Examples of the Meaning of the Home Visit Process

*When we provide the parent and family with *specific services*. It may be simple things like listening to them or helping them find child care. This listening helps to build our trust with each other and they see us as more than home visitors - as their friends!
*Open and honest *communication* best represents what the home visits can accomplish. Many of these parents are afraid to open up to others, so communication is the first big step toward becoming stronger as a parent.
*When we bring the *parent and child* closer together in positive ways, that is when we realize the real potential of the home visit. Also, when a *parent and teacher* are beginning to work together and trust each other, that is a big success story for us!

The predominant theme that emerged was one of strengthening the family. The rather mechanical definition of purpose as it is so often used in program language is not adequate to capture the *emergent purpose of the home visit program.* Site visits, staff interviews, field notes, and project documents portray a very dynamic home visitor-parent relationship in which educational and service goals were closely related to the theme of strengthening families.

How Were the Purposes of the Program Established?

The program included two levels of direction: the broad goals that provided direction for program operation, and family-specific purposes which guided the daily work with individual families. *The process used to set goals at both levels was a participatory one.*

The broad program goals were established (and continuously refined) through the use of several means: teacher needs-assessment survey, inter-agency advisory council discussion, school district administrative input, use of external

consultants, parent feedback, staff observations and assessment, and through the continuing work of the home visitors. Emerging from this process, ***the primary goal of literacy enhancement was established.*** A consensus of opinion was that energy and resources should be directed toward strengthening the family's literacy fabric. The severe problem of a lack of children's school readiness and the presence of a high adult illiteracy rate certainly supported this goal as being of critical importance. *A corresponding goal of nurturing family wellness was established.* The tremendous poverty and isolation of many of the families indicated a clear need for an emphasis on strengthening the family's wellness.

Within the daily operations of the program, *home visit purposes were established through the use of a logical and individualized process.* The home visitors coordinated this planning process. They utilized several sources in their determination of purpose: observed family needs and strengths, planning contacts with teachers and other school staff, input from other agency personnel, data derived from child-assessments, parent input, and through their work with individual families. **The major criteria for determining purpose was the well-being of the family.** In this sense, the home visitor used an emergent approach to defining and refining the purposes of the home visits. This is clearly evident in the evolution of their plans and reports on their work with each family. For example, in one case several home visit plans were devoted to helping a family cope with the father's death. Both the defined purposes in the written plans and the field notes of the home visitor reflected the focus on supporting the family during their time of crisis. A similar emergent planning process was evident with regards to the various educational objectives established.

While the home visitors utilized a thematic approach across the many visits they made (for example - to teach colors or to teach counting skills),

they continuously adapted purpose to the specific needs of child and family. For example, based upon dialogue with a child's teacher, the home visitor might focus on general readiness. Yet another child's needs might dictate an emphasis on language skills in particular. The process of individualizing purpose was also apparent in their shaping of home visits around their interactions with parents. For example, some parents were more self-directing, needing less attention regarding that aspect of parenting. Other parents needed more support in learning how to establish a system for working with their children.

Literacy and family wellness emerged as the recurring themes in the home visit program. Conferencing with teachers, using feedback present in the home visit context, and integrating the parent perspective into the monthly home visit plans provided a sense of purpose that was truly responsive to each family's situation.

What Activities Comprised the Home Visits?

While the emphasis was on educational activities that parents could use with their children, many support activities were used to enable families to benefit from the educational focus. As one of the home visitors said:

> In some cases you have to put the educational activities on hold until you can help the parent solve a problem, acquire needed resources for the family, or to simply get things into a meaningful perspective. This support role was very important - it helped the parent to see you as more than a visitor from the school. This helped to build trust and then parents were more accepting of the educational part of the visits and more motivated to begin to see things differently for their children and themselves.

Support activities often took precedence because of the special needs of the families. The following are examples of *emotional support activities* noted in the home visit report forms:

Examples of Emotional Support Activities

*Listening to a grandmother's concerns about her daughter's problem with drugs.
*Helping a mother regain her self confidence as she tries to recover from an abusive relationship.
*Assisting the grandmother in finding child care for her grandson, the mother had left the children.
*Listening and supporting a family who had just lost their father.
*Supporting a child who had just seen the father hitting his mother.
*Listening and supporting a mother whose child had cancer.
*Helping a mother understand the erratic behavior of her teenager.

The home visitors also carried out many *instrumental support activities* that strengthened families. The following are examples taken from home visitor reports and staff interviews.

Examples of Instrumental Support Activities

*Helping a parent get needed medical attention for their child.
*Enrolling parents in adult education courses.
*Helping a family get their heat turned on through contacts with a local support group.
*Helping a mother find an apartment after she had to move out of her house.
*Providing transportation for parents to get needed services.
*Providing parents with information on services they qualified for and showing them how to take advantage of these services.
*Helping parents with information on child development, positive discipline, and family management strategies.

*Giving parents a helping hand in acquiring needed household items for cleaning and other basic needs.

As one of the home visitors described it, these supports often make an immediate difference in the family.

> When I visited for about the third time the parent explained that she knew her child needed to be in a child care setting, but didn't know how to go about it. When I explained to her that it was possible for him to attend our four year old program she was very excited. It took time and effort to work it out but it made a big difference for the entire family.

Transportation, a helping hand, information, contacts with other parents, being a good listener, and many other activities proved especially helpful in positioning parents and children for engaging in the educational part of the program.

Some form of *educational activities* were carried out during each home visit. These activities were designed to be simple, enjoyable learning experiences that parent and child could easily accomplish. *About one-third of these activities involved parents and children in using the immediate environment* as a means for carrying out natural learning processes. Identifying objects, naming colors, naming shapes, discussing observations, describing things, and using math-related skills (larger than, smaller than) are some examples of activities used. In many cases these activities were related to classroom activities the child was learning at school in the Child Development or Kindergarten programs.

Another group of activities (about one-third) were focused on language skills. These activities involved parents and children in sharing a book, learning new vocabulary, describing events and activities, and using natural

language experiences as a means of promoting literacy. In some cases an activity was left in the home (for example - a book or a game) that could be used to promote language. In other cases, the home visitor provided parents with instructions on simple language activities they could do with the child that week.

Math-related activities comprised another third of the home visit content. These included typical readiness activities dealing with shapes, size, distance, spatial relationships, and number concepts. Number recognition and counting were also included. Regardless of the focus (language, mathematics, general readiness), the emphasis was on activities that would promote enjoyable and meaningful parent-child learning experiences. In the interview process one home visitor expressed it well:

> We try to use the idea that an activity should bring the parent and the child together in an enjoyable way. For many of our parents this is a learning process, they never saw themselves as being of much help to their children in this sense.

Beyond the content of the activities were the learning processes that were emphasized. *Cooperative learning* between parent and child was a priority concern. Enjoyable learning that was active and involved parent and child in using observation, description, discussion, analysis, and related skills was emphasized. At the same time, the home visitors were sensitive to the reality that activities needed to blend with the family's pattern of living. Activities like doing simple puzzles, counting macaroni, and using household items proved to be very popular and meaningful. Families were always excited when the home visitors left a book, game, or special learning activity. For children who were involved in the school's early childhood program, the relating of home activities to school activities was another process that proved both useful and popular.

Recurring themes that were present in the selection and use of activities were: use of the immediate environment, promotion of active learning between parent and child, use of enjoyable and meaningful activities, adaptation of activity to each family's situation, and the potential the activity had for promoting language, mathematics, and readiness skills in both parent and child.

What Materials and Resources Were Used in the Home Visits?

The selection and use of materials and resources was directly related to the defined purpose and activity for a particular visit. Thus, materials and resources generally were organized around the three areas of *language, mathematics, and general readiness*. Further, materials and resources were selected and/or developed with the idea of *ease of use* in mind. The home visitors used many sources from which they selected and adapted different materials and resources: commercial programs, professional journals and books, teacher suggestions, teacher lesson plans, staff training sessions, and their own creative ideas.

Active-oriented materials like puzzles, games, manipulatives, cooking activities, and outdoor play were especially effective. These materials were especially useful in promoting parent-child involvement in activities; they required the close involvement of the parent. They were also quite effective in engaging children in process-oriented learning activities such as *describing, comparing, observing, measuring, and analyzing*. The following are examples of **educational materials and resources** that reflect the active-involvement philosophy used in the program.

Examples of Materials and Resources

**Household objects present in the homes*
**Clocks, calendars, other number objects in the homes*
**Language experience materials in the homes*
**Books, magazines (in home or brought to the home)*
**Puzzles, manipulatives, games*
**Recipes, ideas for play, motor development activities*
**Letter and word recognition games*
**Number recognition activities*
**Color, naming, labeling activities*
**Spatial relationship activities*

The home visit program also capitalized on using a variety of **school and community support materials and resources.** The teachers in the schools were supportive resource people, providing individualized learning materials for use in the home visits. They were also very cooperative in arranging for special conferences with parents and in working with the home visitors to shape educational and support activities that would reinforce children's classroom learning. Many community support resources were used. The Departments of Social Services, Health, and Mental Health were family oriented agencies used on a regular basis to support family needs. In addition, literacy councils, adult education programs, family medical centers, the public library, churches, and other civic groups were involved as family resources. These support resources proved invaluable in helping families meet particular needs.

A recurrent pattern in materials and resource usage was the integrating of these resources with the needs of individual families and children. While particular educational materials and resources were used with all families, the process of individualization was evident. For example, in

some cases where children's language development was in need of major attention, the home visit materials were adapted to meet that need. A similar process was present in supporting families.

Another recurring theme was the emphasis on using the natural environment as a source of learning materials. The home visitors capitalized on materials present in the children's homes. Use of clocks, calendars, newspapers, household items, and other home materials provided an immediate source of learning activities for parents, thus removing any need for buying expensive learning toys or games. To supplement this approach, home visitors *introduced some form of learning material at each visit.* This took many forms: a book, puppet, coloring activity, simple puzzles, pictures, learning game, and other such materials. The children and their parents looked forward to getting these materials, they proved to be a motivating factor in increasing parent-child involvement in carrying out home learning activities.

The home visitors also were consistent in *using community literacy materials and resources.* Material sources such as the library, parks, nearby university campuses, and other such literacy resources were consistently used. In many cases, these were new sources of learning for the family. Not only were these excellent ways to involve the family in learning but they also proved to be another means of introducing parents and children to parts of the community they had not previously related to. This theme of helping the family interrelate with their environment was also present in the matching of school materials to the kinds of materials used in home visits. Through continued involvement with the teachers, *many classroom materials were used in the home visits*, thus introducing children and parents to the kinds of experiences that school learning includes.

In effect, materials usage reinforced the presence of literacy within the home environment and introduced the family to new resources available in the

school and community.

How Are Parents Involved In The Home Visit Process?

Data acquired from the home visit reports and the staff interviews indicate that parents had ***three basic modes of involvement:*** *listening, observation, and participation.* Parental involvement in the home visit process ranged from passive to very active depending upon the parent, the family situation, and the evolving relationship between the parent and the program. Typically, during the initial visits parents were mostly in a listening and clarification mode. They were interested in finding out about the program and what it meant for them and their family. As parents became more comfortable with the program they usually became more active participants.

In describing how and to what degree parents got involved, the home visitors had several observations. The most influential factor was the personal and family situation of each parent. While most parents were initially passive, they became more active with each home visit. As parents began to see how the process could be helpful in meeting family needs their involvement increased greatly. *Parent attitudes, for the most part, were very positive toward the involvement process.* Educational background of the parent was a significant factor but not an impediment. Those parents who had completed high school were more active from the outset than parents with less education. However, patience and support on the part of the home visitors was effective in actively involving parents who were initially reticent to engage in much activity.

Parental self confidence was also a factor. *Regardless of educational level, most parents were self conscious about being in a teaching role*, mostly due to their past experiences with teachers or other school personnel. Through direct involvement with their children (as guided by the home visitors), all of the parents gained in their perceptions about themselves as both teachers and guides. This self confidence building was also evident in parents' involvement

in relating to family support agencies, contacts with teachers, and in relating to other parents during group meetings.

The shift from parent as listener to active participant took place naturally due to the skills of the home visitors. Through their modeling, demonstrating, encouraging, and continual communication they strengthened the parent-child relationship process. For example, the home visit reports include many instances in which parents sought help from the home visitors and then applied this help to carrying out home learning activities with their children.

In terms of direct involvement with children during the home visits, home visitors estimated that ***parents spent about 40 percent of the time in actual interactions with children in learning activities. For some parents the direct involvement reached 60 to 70 percent.*** Another significant observation on the involvement process was the relationship between the increase in parents direct involvement in their children's learning and their involvement in resolving particular family stressors. For example, one home visitor noted that as one mother was able to see her child's speech improve, she became more supportive and involved with the child in various activities.

About a third of each home visit was spent in emotional support activities and another twenty percent in responding to the practical needs of the family. Two important observations about this process emerged from the home visit data collected. One observation was the skill of the home visitors in individualizing the involvement focus and style according to the parents' strengths, needs, and expressed concerns. Home visitors used parent concerns as a guiding force in their development of a framework for involving them in various activities. If the parent expressed concern about specific family needs, the home visitors worked with them on charting a strategy to meet those needs.

Another observation was the effective use of the *parents as teachers* concept by the home visitors. The home visitors were sensitive to the need for reinforcing in parents the importance of their primary role as educators. This is evident in the way they capitalized on the different strengths of parents. In all cases, parents were engaged in some form of continuing learning activity with their children.

A recurring pattern within the home visitor structure of listening to parent concerns, reviewing what had been accomplished since the last home visit, introducing new activities for the week, demonstrating the activities, involving parents in doing the activities with the children, and supporting parents in responding to family needs provided a context for promoting parent-child interactions. A pattern of parent-child involvement is evident in the continued increase of home learning activities in the home visits. This pattern was distinct for each family but had a common influence of increasing parent involvement in home learning over the project period. Not only did parents become more involved as participants in their children's learning, they also became more astute observers of their development and learning.

What Activities Do Parents Do During The Home Visits

Action words provide the best description of the activities parents actually did during the home visits. The most prevalent actions are: reading, sharing, listening, discussing, playing, responding, describing, counting, comparing, matching, labeling, coloring, explaining, collaborating, relating, learning, doing, and teaching. These are the words used by the home visitors to describe the actual involvement of parents during home visits. ***Three recurrent activity patterns were prevalent:*** social activity, family support activity, and home learning activity.

Once they were comfortable with the home visitors, parents initiated many ***activities of a social nature.*** Examples include the following:

*sharing family pictures
*talking about family needs
*discussing the children's behavior
*describing personal concerns or interests
*inquiring about needed family services
*sharing family achievements
*asking about child development concerns
*talking about work related concerns
*having coffee and just socializing

These social activities usually comprised the first part of each home visit and served a vital purpose. *Like rituals that provide meaning to any group function, these social activities were the emotional foundation of the parent/home visitor relationship.* For many parents theirs interactions with the home visitor was their main social connection to the adult world beyond the home. It was a way for them to find out how their child was doing at school, share concerns about their child's behavior, tell someone about their frustrations, inquire about how others deal with particular problems, and to have a chance to simply be with another adult friend.

Family support activities were naturally more prevalent in families where stress was influencing their daily lives. In most all of the families some form of support activities were carried out by parents during or closely related to the home visits. In some cases these were fairly direct: making sure the child received immunization shots, carrying out family management tasks, attending to a child's medical needs, and other family-related tasks. In a significant number of cases, however, parents were motivated through the home visit process to address needs that were clearly placing them and the family in risk situations. A few examples help to highlight the critical role the home visits

played in involving parents in initiating support activities that at least addressed severe stressors.

> *One parent (in this case the mother) initiated family involvement in learning the English language. Until the home visitor arrived no one in the family spoke English. The entire family got involved with the home visitor and a tutor to learn the English language.
>
> *A mother took immediate steps to get herself and her children out of an abusive situation. This was a big step for this family that would not have taken place without the help of the home visitor.
>
> *A very young mother, through guidance from the home visitor, took steps to solve her problem with alcohol.

Parents in at risk situations carried out many support activities that relieved their children of stress that was impeding their learning and development. Through help from a home visitor, one parent traveled weekly to get her child the needed speech therapy. Another parent, once realizing she could get needed financial help, arranged for and followed through on her child's needed surgery. In yet another case a mother found help (with assistance from the home visitor) in getting better housing for the family. Parent initiative in planning and carrying out various service activities increased significantly during the project.

A major influence on the increase in parent involvement in family strengthening activities ***was the case management strategies*** used by the home visitors. Both home visitors came to know the *family story* of each family in the positive sense. Using family initiated concerns as the basis for planning they continually worked to relate family needs to available services in the community. In many cases, the home visitors played both an information

role and a facilitative role. Helping parents become aware of resources or services that were available was a beginning step. Assisting parents in accessing and using these services was a continuing process.

What Kinds Of Questions Did Parents Ask During Home Visits?

Initially, parent inquiries related primarily to what the program was about. *The focus in the early home visits* was on responding to parent concerns related to what was expected of them, how the program might benefit their family, and various related questions on how the program worked. Home visitors and parents used these initial contacts to work out scheduling, learn about each other, develop a basis for a continuing relationship, and to create an overall sense of purpose. Typical questions included the following:

*Why is the school starting this program?
*What is this program all about?
*What do I need to do to be a part of it?
*Can you help my oldest son too?
*How can this program help us - we need help?
*How often will you be visiting?
*What goes on in these visits?
*Will you be coming at times when I'm not at work?

As the home visitor/parent relationship developed, ***a recurring pattern that emerged in parent inquiries was one of improving their family's situation.*** Parent questions were *family-specific* with particular emphasis on resolving a need or addressing a specific concern.

*Can this program help my son get speech therapy?
*Could someone help me get to the Health Department?
*I'm tool old to be a parent (from a grandparent), can you help me with getting to school conferences?
*We need help getting a place to stay (from a mother who was trying to get out of an abusive situation), can you help us?
*Any help you can offer, the kids need clothes real bad!

*He's here and then gone (the father), anything you can do to help the children be happy - I would really appreciate it?
*I know he needs to be to the Speech Therapist more often, any chance you can help us get there?
*If you could come by like this every week it would really help, we are not well and do want the best for the children?

In some cases parents were too ashamed or too engrossed in a situation to verbally ask for help. *Yet their behavior often provided the home visitors with invitations - nonverbal questions that were often communicated through eye contact and body movement.* Many issues related to sanitation, food, clothing, emotional support, and other needs were addressed through the careful and sensitive efforts of the home visitors. Parent self esteem, child behavior, family problems, and family-school communication issues were additional items that often emerged within the nonverbal part of the parent/home visitor relationship.

As parents became more closely involved in the home learning activities, ***they initiated many inquiries related to their children's development and learning and their own literacy development.*** While parent questions certainly varied, a recurring pattern among most of the parents was an increase in their expressed interest in learning how to be more effective in the teaching role. Initially, most of these questions dealt with how to best carry out the home learning activities. Should I make a list of the words he uses? Should I practice the numbers with him? Is the puzzle something both of us should do together? Can he sometimes read the book by himself? What if I don't know how to do some of the homework questions he asks me about?

The home visitors provided continuing feedback to parents on these inquiries. As some parents became more involved with the home learning program, *their questions began to focus more on the total learning process:* He does the math well at home, what seems to be the problem at school? Could

someone work with him on his reading - I know he needs more help than I can give him? Do you have any materials for Allie (a two year old younger child)? He liked that trip to the library - how can I get a card? Is he behaving better at school, I talk with him each morning about having a good day and not getting into trouble at school?

Not all parents were adept at asking questions or knew what questions to ask. ***A recurring pattern was the more involved parents became in the home learning process, the more sophisticated they became in inquiring about their children's learning.*** This pattern was seen in parents more active involvement in the home visits, their consistent participation in small group sessions, and their expressed involvement at school. In effect, they took a real interest in pursuing the educational aspect of the program in every way. They asked more questions, spent more time in learning activities with their children, and were in touch with the home visitors more often.

A determining influence on parents' questioning style and focus was their personal and family context. ***Parents with multiple problems of a chronic nature simply had to resolve these problems before they could transfer their energy to the educational aspect of the home visits.*** In most cases, however, it was parents' perceptions of their situations that shaped how involved they became with their children. Some parents had serious problems but were perceptually skilled in moving beyond those problems to have quality involvement with their children. *They had better control skills, a more optimistic view of life, and usually a substantive network of helpers.* Other parents spent much of the time on chronic problems and seemed to need much more help in focusing on their relationships with their children. Often, these parents were very young (many of them just out of their teen years), still trying to establish a direction in their own life, and were in

need of many skills - particularly organizational and problem solving skills.

A distinct pattern present in the home visit reports, however, was a continuing increase in parent questions related to their children's learning and how they could become more involved in it. This pattern held for all but a few parents. This suggests that with continued support during the early childhood years, all parents will increase their focus on how they can be effective teachers of their children. It also suggests that parents are indeed interested in being learners themselves - particularly when they have access to needed resources and supports that help to strengthen their context for promoting literacy. The quantity and quality of parent questions is influenced positively when their helpers establish a trusting and responsive relationship with them.

How Do Parents Use What Is Learned In Home Visits?

An important issue in parent education is how the process influences change in parent behaviors. As research has shown change in any human function is a long term effort. Even within a two-year time period, however, the *FOCUS* home visit program recorded parent indicators representative of desired parent, parent-child, and family changes in behavior patterns. Beyond the immediacy of the home visit, how did parents use what they acquired from the home visits?

One set of changes was observed in how parents functioned in personal and parental roles. Probably one of the most positive changes in parents was their increased involvement with other people and other groups. Through contacts made with the help of the home visitors and other parents, they were more involved at school and with other systems. For most parents their friendship networks increased in the quantitative and qualitative sense. Both home visitors observed this pattern of increasing involvement, particularly

with regard to social and family support contacts. Most parents also became more involved in taking care of themselves, nurturing their self esteem in new ways. Examples of parental involvement in personal improvement activities include: attendance at project sponsored group meetings, enrollment in adult education courses, helping out with project activities like field trips, increased positive involvement with other parents and parent-support groups, and an increase in personal care activities.

Most parents also showed an improved parenting orientation over the project period. This was evidenced in many ways: involvement in solving family stressors, attending to child health problems, responding positively to requests from the home visitors, increased positive interaction with their children, responsiveness to observed child needs, and in many other ways. ***Perhaps the most visible change is in parent-child interactions.*** Both home visitors have noted in their reports that a majority of the parents are extending what happens in the visits through their daily or weekly involvement with their children. ***An assessment of the home visit reports indicate that over 75 percent of the parents are completing weekly home learning activities beyond what takes place in the home visits.***

The home learning outcomes include many activities introduced during the home visits: doing a puzzle together, shared reading, joint cooking activities, parent-child discussions, homework, going to the library, joint leisure, and various other literacy efforts. Beyond these activities, many parents became more involved in observing and responding to their child's development and learning. This was seen in their interactions with the home visitors, their contacts at school, and in their involvement in promoting family literacy.

The few parents who showed little or no visible extension of home visit efforts were typically engrossed in personal stress or family risks of a chronic and debilitating nature. Overwhelmed by the stress that can come with abuse,

alcoholism, drug-addiction, chronic poverty, and family dysfunction - these parents seemed totally absorbed in their crises. Only as they resolved these risks did they begin to focus on parenting and family issues. In addition, some parents were limited by a lack of transportation, a severe shortage of resources, and/or a serious family health problem. *It is significant that parents who had or were able to develop a strong social network of supportive others were also able to extend the power of the home visits in the most visible manner.* Their support system provided the flexibility, resources, and encouragement to take advantage of available community and school resources.

How Do Parents Perceive The Home Visit Program?

Parent perceptions of *FOCUS'* Home Visit Program are very positive. Perhaps the most visible affirmation of the program is the continued high use of services. An analysis of parent participation patterns indicate that parents have come to value the home visitors and the services they provide. *Parent contacts with the home visitors have steadily increased from an average of 1.5 per month during the first year to 2.8 per month during the second year.* Phone calls and written messages initiated by parents have also steadily increased.

Some parents have come to be more involved than others, but most all of the parents have increased their use of program services. *Three particular services have prove to be the core of parent responsiveness to the home visits:* availability of a friendly helper, support in getting needed family services, and having a helping hand in relating to the school more effectively. One home visitors stated it nicely when asked what parents would say is the most valuable aspect of the program:

> No question, they would say having a friend, someone they can trust who will help them! To me their biggest benefit is a jump in self-esteem. They have gained in their skills to manage their lives and get a bigger

picture of how they can help their children.

Information contained in the home visit reports confirm this perception. Parents continually relate to the home visitors as friends who have skills that they are always willing to share. They call them often, confide in them, and also offer to help them - a nice beginning toward more elaborate collaboration as their relationship develops. ***The home visitors are viewed as trusting and capable friends. A recurrent pattern has been for parents to continually interact with the home visitors on activities relating to family development.*** These interactions and requests may occur during home visits, through telephone contacts, via written notes, or through third-party contacts. They deal with a variety of needs: transportation, assistance getting food stamps, help with a problem at school, health problems, information on job possibilities, and many other issues.

Parents also see the home visit program as a means of accessing and utilizing resources to strengthen their families. Various examples are given in the reports of the home visitors where parents seek support in getting needed resources. In some situations parents know how to access a service but lack transportation or have a problem that precludes their use of that resource. In other situations, parents lack the knowledge of the services and are not sure on how to use them effectively.

Home visitor responses to family support requests were creative, diverse, and very effective. They were *immediate in their responses*, taking time to provide parents with the needed help. This *caring behavior* on the part of the home visitors spread to other parents and is a real strong point of the program.

Parents also looked to the home visitors ***to help them connect up with the school.*** This was especially the case for parents who had children in the formal school years. In many instances a combination of a lack of

knowledge on how to relate to teachers and a fear of being rejected by teachers impeded their communication with the school. An interesting example is the parent who, when invited to a school conference, asked: *is it proper for me to ask questions of the teacher?* The general perception most parents had about the school was that it was best left alone to operate itself. As parents became more involved with teachers their perceptions gradually changed toward being supportive and involved partners. Sometimes this change was very subtle, taking shape in small events such as just showing up at a Friday morning group meeting. Other cases were more direct, where a parent would actively seek a meeting with a teacher.

Having a friend, realizing you had a person who could help you get needed help, and seeing the school as a place where you could be active were recurrent ways that parents perceived the program. These were, in most cases, new ways of seeing the world and one's involvement in it for parents. The developing relationship between the home visitors and parents has been the key to this positive response to the program. Within this developing relationship, various challenges have emerged to stimulate the continued growth of these partners in children's learning.

What Are Some Of The Challenges Facing The Program?

Any program dealing with the dynamics of young families confronts the challenges of resources, program/family responsiveness, and the inherent issues of communication and role clarity. Indeed, programs not experiencing these challenges might ask themselves what growth is happening in their programs? *FOCUS' home visit program has three particular challenges that have emerged as a part of the program's development:* developing a more viable process for **involving high-risk families;** increasing the school systems commitment to **integrating the program into its culture;** and creating **a more viable**

case-management system without losing the caring and responsive foundation it now has. While the staff have made considerable progress in dealing with these challenges, they remain priorities for future development with an emphasis toward integration of the family empowerment process into the school's culture.

A debilitating picture emerges for the very high-risk parents involved in the project. While few in number (approximately six families), their situations presented problems that are common to a significant number of families in our society. In all of the cases in this project the pattern had some distinct characteristics: *single-parenthood, very young (18-24), lack of education (none of the six had completed high school), chronic unemployment, serious chemical addictions (four of the six parents were addicted), and multiple other problems - all of which seemed interrelated with the above characteristics.* While these parents had support persons (most often in the form of their own parents, siblings, or grandparents), they tended to isolate themselves and/or abuse their helpers to a degree that their relationships with them became dysfunctional.

In particular, one mother's situation depicts what was an all too common pattern in these six families. This case also helps to highlight the challenges faced by the home visitors. It is worth noting, before describing the mother's situation, that the home visitors had a positive influence on each family.

> Age 23 with 3 children and no job, Aretha dropped out of school in the 10th grade. She lives with her mother part of the time and the rest of the time with her friend in a nearby community. Both she and her friend are drug-addicted. She (and her friend) have been arrested twice in recent months on drug-related problems. When she is sober or straight, she is responsive and caring with the children and gets along adequately with her mother. She is not able to really function as a

parent at this point in her life, lacking both maturity and self-esteem. Currently she is living with her friend but does come by periodically to see the children and her mother.

Aretha's mother is 61 and has raised 5 of her own children and 2 of her sister's. While she never completed high school she is an avid reader (romance novels) and works full-time as a cleaning person in one of the local schools. She is mature and loving but does not understand positive discipline. She is clearly serving in the parenting role but seems to lack the energy to follow through on many of the tasks of parenting.

The home visitor has worked diligently to involve both the mother and the grandmother in the home visits. Success has been sporadic and highly related to the mother's alcohol and drug problems. The mother is rarely present during home visits and when she is, is not very attentive. Grandmother is kind but not alert to the children's needs. She is mostly concerned about her daughter's problems and her sister's poor health.

In spite of a mostly unresponsive family setting, the home visitor has had a very powerful influence on the children and - to some degree - on the mother and grandmother. Working closely with the child's teacher, the home visitor has provided badly needed attention and individual tutoring for the child. Some basic developmental needs are being addressed; particularly emotional support and language stimulation. Consistent home visiting is influencing an increase in home learning, mainly by the grandmother. The mother is showing some increase in interest in the children.

The high-risk families in the project need more intensive services, their needs call for *family preservation strategies* of an extreme nature. ***It is in this context that case-management activities need to be much more sophisticated.*** Home visit records and planning address most of the typical risk factors confronting families in an adequate (but limited) way: giving indications of needs-assessment, parent feedback, careful setting of goals, collaboration with appropriate people and agencies, use of effective service activities, and consistent follow-through to assure resolution and/or continued support for the family. Record keeping, while still in need of improvement, is meaningful and used to foster the goal of strengthening families. In relating to the multiple and complex stressors faced by high-risk families, however, current case-management activities lack the family preservation power - mainly for lack of a coordinated system by which a highly trained team of professionals could supportively interrelate with high-risk families.

The greatest challenge confronting FOCUS is that of becoming integrated into the philosophy and practice of the school system. The support for the concepts of parent education, family support, and family-school involvement has been positive at the verbal and symbolic levels. Housing of the project and advisory support exist on a continued basis. However, basic financial resources (except for volunteer fund raising) come from the Target 2000 state grant. No matching or supplemental funds are currently provided by the schools. *A priority* of the *FOCUS* project *needs to be on* collaborative planning with the schools on developing strategies for *post-grant institutionalization of project strategies* into the daily activities of the schools.

Summary and Discussion

FOCUS' Home Visit Program has involved 35 at risk families (with children in the 3-5 year range) in intensive parent education and family support services.

Many other families have been reached through project services such as child assessments, group meetings, distribution of materials, and through collaborative efforts with other community groups. *It has also engaged some parents and children in related services such as homework hour, morning meetings, and parenting sessions.* Families provided with the intensive home visit services are poor, rural, and confront multiple problems. They are predominantly single-parent families (65 percent Black, 35 percent White) with available kin support networks. About two-thirds of the parents are very young (17-28) and the other third are distinctly older (38-69).

While the *FOCUS* Project uses several means to engage families in educational and support activities, the home visit program functions as the central element of the overall effort. It provides the impetus and support for other project events such as group meetings, child assessments, classroom-based activities, agency collaboration, case-management work, and community-wide functions. The home visit program is interrelated with the school's overall early childhood programs and is carried out by two capable home-school leaders. It is a partnership effort, utilizing continuing interactions with school and community groups as a means of development and refinement.

The home visit program is articulating a mission that is reflective of national efforts to support at risk families through multiple educational and services strategies (Weiss & Jacobs, 1988) This mission, as it is evolving within the project, has two goals: ***to promote a literacy orientation with the parent-child relationship, and to promote family wellness.*** The daily work of the project is actualizing these goals through individualized family activities. This approach is representative of Powell's (1988, 1989) recommendation that parent education program become multi-focused, more responsive to parent and family perceived needs, and more reflective of the strategies that will best serve the families involved.

The content of the visits reflect the primary emphasis of literacy activities along with a strong family support focus. An evolving structure that combines a program desire to promote school readiness skills in parent-child activities along with parent-perceived support needs is taking shape. In contrast to single-dimension programs, ***FOCUS' home visit process is developing a thematic pattern that comprises realistic and yet family-responsive purposes, activities, materials, and parental involvement.***

As reflected in the work of the home visitors, **purposes** are more than rigidly defined program tasks. They represent a continuing and evolving effort to respond to family strengths and needs within an educational, social, and instrumental support structure. Purpose is thus defined in the process of working with each family. Powell's (1988) suggestion that the individualization of parent and family services be pursued with concrete program actions is happening in *FOCUS*. This is evident in the planning notes of the home visitors and in their field notes on interactions with different families. *Family-perceived needs are integrated into their working relationships with parents and children.* Family strengths are praised and used as a means of helping parents mobilize their resources to pursue literacy and support activities. For example, whoever is in the parenting role is nurtured toward leadership roles. The home visitors are achieving a solid foundation for partnership activities through their caring and sensitive support of each family.

While the general content of the home visits was based on school readiness skills (major emphases on language and mathematics), the activities with each family emerged from the dynamics of the home visitor/parent relationship. This continuing effort to understand each family in a proactive sense and to relate home visit activities to their situations is one of the quality features that research cites as essential to long-term effectiveness (Powell, 1989). *FOCUS* utilized several resources to create what can be identified as an

evolving program direction: continuous staff dialogue and training, interactive family assessment, teacher assessment and guidance, advisory council input, child assessment, interagency relationships, and through the sensitive use of case management strategies.

Perhaps the freedom to create a truly family-responsive program stimulated *FOCUS'* use of diverse ways of relating to parents and children. This quality of responsiveness is present in the diversity of activities the home visitors generated in their work with families. For example, **emotional support activities** included: listening to parent concerns, helping a parent gain self confidence, empathizing with a family on a tragedy they had experienced, responding sensitively to parent concerns about a family crisis, and other affective strategies. This diversity is also seen in the various **instrumental support activities:** assisting a parent in getting medical attention, finding food/clothing/health resources, transporting parents to various community resource cites, assisting parents in adult education enrollment, guiding parents in getting job interviews, providing child development information to parents, and supporting parents with many family management tasks such as finding child care and getting help for a family member in need.

These support activities play a significant part in creating a positive climate for parental involvement in the program. Dym (1988) theorizes that programs can only become truly empowering when the family system is freed up to pursue autonomous and enabling activity. The observations of the home visitors support this premise. The following interview comment highlights one home visitors observation.

> In some cases you have to put the educational aspect on hold until you can help the parent solve a problem, acquire needed resources for the family, or to simply get things into a meaningful perspective. This role was very important - it helped the parent to see you

as more than a visitor from the school.

The *support role* of the program also broadens our understanding of what parent education is about, that *education* involves learning how to use the resources in one's environment and learning how to develop mutually responsive relationships with others. Spending time with parents (and children) on social, emotional, and instrumental activities, is indeed a significant part of the family's education. Deployed in a positive manner, these activities can become process-behaviors that hopefully influence parent-child relations (Cochran, 1988).

Each home visit included some type of **educational activity.** Utilizing teacher suggestions, results from child assessments, observation, and other input, the home visitors developed lesson plans for each family. Combining general readiness and "school readiness" activities, particularly language and mathematics, the home visitors used a plethora of approaches: manipulatives, puzzles, home objects, local resources like the library, and many materials from the natural setting of the family. Predominant themes in the usage of educational activities and resources were: use of the home as a learning arena, promotion of active parent-child learning experiences, emphasis on enjoyment and meaning, adaptation of activities to the family's situation, and the use of activities that promote family learning enjoyment.

An important element in FOCUS' approach is to include everyone in the family in the educational process. The home visitors, for example, were alert to the learning needs of younger and older siblings as well as the needs and desires of parents. As Powell (1988, 1989) notes, in too many cases programs create an imbalance - focusing only on one child or attending only to parent needs. *FOCUS* continues to promote a balanced, family education approach. An emphasis on "matching" activities to the needs and strengths of each family

is also present in the mix of emotional, instrumental, and educational activities provided for different families. With one family the emphasis may be in the direction of emotional support. In another family's case it may be in the direction of educational activities for child and parent. *FOCUS'* continuing attempt to diversify services based on various sources of assessment (particularly parent-perceived issues) is achieving a closer "match" between program services and family needs than typically exists.

Parental involvement and participation patterns are usually indicative of the relevance of parent education programs. Parents in *FOCUS'* home visit program are involved in three modes of participation: listening, observing, and participating. Involvement and participation patterns have been highly related to parent and family attributes and situations. For example, a parent may be very active in pursuing family support activities (helping her child get needed speech therapy) and yet somewhat passive in their carrying out educational activities with the child. Factors influencing parents' level of involvement and pattern of participation are: parent and/or family situation, parent attitudes, level of education, and the evolving relationship different parents have with the program.

While involvement patterns can be deceiving, there is a general pattern that has emerged within *FOCUS'* home visit process. *On "average" parents spend about 40 percent of home visit time (20-25 minutes) in actual interaction with their children. About 30 percent of the time focuses on emotional and social support interactions with the home visitor and about 30 percent on family support (instrumental activities).* Visually, this time distribution would be as follows.

Parent-Child Interaction	*Emotional/ Social Support*	*Family Instrumental Support*

It is important to realize that this distribution shifts depending on family needs and parent/program dynamics. Further, as research has noted (Powell, 1989; Weiss & Jacobs, 1988; Swick, 1991) parent involvement in different educational and support activities have an interactive influence on all aspects of their parenting; time spent in social and emotional support efforts is not "down time" or "wasted time". Rather, it is time well spent as it has an empowering influence such as creating new social network possibilities for parents and/or extending their feedback circle to include a new dimension of friendship (Powell, 1989).

Action words provide the best description of activities parents actually carried out during the home visits: reading, sharing, listening, discussing, playing, describing, counting, labeling, questioning, observing, and doing. ***Three activity patterns emerged***: social, family support, and home learning. Most home visits began on a social level with parents sharing family pictures, talking about family or personal needs, or just exchanging pleasantries with the home visitors. Family support activities, while more prevalent among high-risk families, were present in all of the participating families. A mix of such activities influenced family wellness: getting children their immunizations, involving families in strengthening their system for living, taking care of medical needs, and improving parent-child relations.

Parents were active in carrying out these support activities. Through help from a home visitor, for example, one parent traveled each week to make sure her child received needed speech therapy. Another parent became more

active in helping her child get needed surgery. Active parent concern and involvement with strengthening their families was positively influenced by the home visitors sensitive use of case management strategies. They came to know each family in the positive sense, serving as guides, resource people, and skilled helpers. *An interactive process among parent and family improvement activities and increased parental involvement in home learning certainly supports the construct that parent education must attend to the family's total wellness.*

The increasing sophistication of parent inquiries related to ways they could help their children is an indicators of the power of the home visit process. The home visitors noted that as parents became more involved in parent-child interactions, pursuing family support resources, and communicating more with their child's teacher, *their questions were more frequent and more proactive.* They also became more active participants in the home visits, more consistent in their participation in other project activities, and more interested in what their children were doing at school. Eisenstadt & Powell (1987) noted in their study the correlation between program activities and parent participation styles. *FOCUS'* has, for most of the families, created a process by which they are able to actively use program activities to strengthen their educational and social system.

Parents with multiple problems of a chronic nature were less adept at developing their involvement skills. They simply had to resolve their stressors before they could channel their energy toward home learning efforts. As Eisenstadt & Powell (1987) observed "acute stress" parents seem to rely more on program services. They are more external control oriented, relying heavily on others for direction and support. In *FOCUS*, the multiple problem families were very young, very poor, and lacking in needed education and job skills. Even these parents, however, became more active in the project

- often due to their need for services. Overall, parental participation in the home visit process increased significantly during the project.

Parent behaviors indicative of possible long-term family strengthening are evident in *FOCUS*. ***Probably the most empowering change in parents was their increased involvement with other people and groups.*** Isolation impedes the family system and at risk families need strong linkages with schools, friends, and support groups. As parents became *more involved* in social and support activities, their parenting orientation also took on a proactive style. Their attention to child needs, their own personal care, and sensitivity to family-school connections increased. Importantly, parent-child interactions increased. It is estimated that *over 75 percent of the parents completed weekly home learning activities beyond what took place during the home visits*. There was an observed relationships between parents' increased involvement in support activities and their more proactive relationships with their children, thus reinforcing the need for multi-dimensional parent education programs.

Parent perceptions and behaviors indicate they value *FOCUS*. Their contacts with the home visitors have steadily increased from 1.5 per month during the first year to 2.8 per month during the second year. Informal contacts have also increased. ***Three particular services seem to be at the core of parent responsiveness:*** availability of a helper, support in meeting critical family needs, and a helping hand in relating to the school more effectively.

As *FOCUS'* identify continues to evolve, various challenges have emerged. *Protecting the critical role-identity of the home-school leaders is one such challenge*. With limited resources many teachers are tempted to compound the home-school leaders context by adding "jobs" to their already heavy load. Swick (1992) noted this challenge in another school-home program

and cautioned that the clear articulation of the home visitor role (or similar family-school roles) is an evolving process that requires continuing monitoring. There is a related challenge in this regard, that of avoiding *overloading each home visitor with too many cases*. The tendency to see the home visitor (or a related home-school professional) as able to respond to all family needs is a real issue in most school settings. Teachers can begin to conceptualize this role as a "catch all" for solving their management and discipline problems. Continuous teaming among home visitors and teachers as well as school leaders can prevent this potential stress from evolving and diverting the energy of these helping professionals.

There is also the challenge of helping some parents overcome their excessive dependency on the home visitors. The shock of suddenly having access to a caring helper can lead to parasitic tendencies that actually impede parents in their growth. *FOCUS* is addressing this issue with plans for involving parents in self image and personal efficacy training. Related work with staff in other family helping agencies is also needed; the reliance on intensive helpers needs to become a part of the equation of those who are in helping roles. Looking for ways to help parents use their strengths (car pooling, information sharing, cooperative child care, forming informal study groups) is a beginning point in this process that should be initiated in the early stages of parent/home visitor relationships. Indeed, *FOCUS* found that parents engaged in the weekly group sharing sessions did initiate many activities that enabled them to gain some autonomy in solving problems.

Developing a more viable system for assisting multi-problem, high-risk families is a challenge confronted by most parent oriented programs. These families need more intensive services than can be provided in projects such as *FOCUS*. More sophisticated case management that is inclusive of *family preservation strategies* (particularly those modes that use interdisciplinary

professional teams) is needed. The prevention efforts should be focused on the birth - 3 year range and be provided as soon as risk factors are apparent in their negative influence on family functioning.

Beyond the population served by *FOCUS there are many other parents who need and can benefit from parent education. FOCUS* is simply a beginning for what should become a community-wide parent education/family support endeavor. In effect, what has been started in the project needs to become a part of the system's philosophy and actions. Institutionalization of a family-centered early childhood paradigm must be a priority of *FOCUS'* work in future years.

Recommendations

FOCUS has attained success in developing a home visit program that is effectively promoting literacy and wellness activities with at risk families. The family centered emphasis has received positive evaluations from parents, participating teachers, and allied agencies. The program's targeting of families with children in the 3 - 5 year age span has promoted an observable strengthening of family-school relationships, increased parental involvement in children's learning, and improved family literacy habits. The attention to the entire *family system* (involving every family member in program activities), has promoted the belief that the home visitors are caring and capable helpers. The comprehensive nature of home visit services (educational, social, and family support) has been effective in supporting families in strengthening their relationships and in helping them resolve some of stressors negatively influencing their families.

In effect, *the basic direction the program is pursuing should be continued* - refined and extended through the use of feedback gained over the past two years. Feedback attained through this study provides some key points for shaping and carrying out this refinement process. Some of these points are directly related to strengthening the home visit process. Other suggestions

relate to overall project refinements. Finally, some recommendations on institutionalizing the parent education/family support concept into the school's operating system are presented.

The home visit process can benefit from several refinements: articulating the case management system so that *family progress* is more clearly documented; involving the home visitors in more specific case management training, particularly as related to handling high-risk families; providing parents with formal self image and personal efficacy training; and creating a more formalized relationship with other family support agencies. These refinements can occur within the existing project structure. They should provide the means by which family and school needs can be more effectively addressed.

***FOCUS'* overall functioning can also benefit from attention to some basic refinements.** Increased involvement of the *site schools* in management of the program is a critical need. A local, school-site management process (with the building principal as the guiding force) should be nurtured by *FOCUS*. The approach of utilizing a "Consortium director" to provide overall leadership for the project was an essential element during the formative period. The university-school-community partnership process has added power to shaping a viable program structure and should be continued but in modified form. The project is now at a point where the balance of direction need to shift toward school-based management. A major goal of the project, during its third year, should be to develop transitional plans, strategies, and training for moving program operations into the mainstream of the two school districts - particularly the two site schools.

Another operational refinement needed is the development of a birth - 3 years interagency system for carrying out prevention efforts with at risk families inclusive of health, education, economic,

social, and related family supports. While *FOCUS* is unable to handle such a task alone, it can and should provide the leadership in this endeavor. The current work of *FOCUS* with 3, 4, and 5's and their families has had a transformational influence on the thinking of many teachers and school administrators. A similar influence is possible with a major focus on building an empowerment model for use in the earliest years of life. The "Boyer Report" (*Ready to Learn, 1991)* might be used in training and awareness programs to stimulate thinking and action on this critical need.

The institutionalization of the parent education/family support paradigm within the participating districts must be a priority during the ensuing years. At this point, the school leadership has performed mainly a "laudatory role", praising the concept and giving moral support to *FOCUS.* It has relied almost totally on external funds to finance the project and has looked to the university for direction and sustenance. Further evolution of the home visit, child assessment, family support work, and related program elements depends on the increased involvement of school leaders in integrating these practices into the operating system of the schools. Perhaps the greatest challenge confronting *FOCUS* is this issue of institutionalization.

Finally, as South Carolina **moves toward an integration and consolidations of services for at risk children and families under an umbrella of *dropout prevention*, *FOCUS*** needs to explore various avenues for best relating their strengths to this apparent evolving structure. More internal assessment by the participating districts is needed with regards to relating parent education to adult education, other literacy projects, job training activities, and other family support efforts. *FOCUS* has a promising future if the participating schools begin to foster a sense of ownership in their decisions related to integrating and refining the project's strengths into its operating process.

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Appendix A

Home Visit Lesson Plan Form

Focus Home Visit Lesson Plan Form

Date of visit_____

Family Visited_____

1.0. Objective(s)_____

_____

_____

2.0. Activities_____

_____

_____

_____

_____

3.0. Materials/Resources_____

_____

_____

4.0. Follow-up Plans_____

_____

Appendix B

Home Visit Report Form

PROJECT FOCUS

HOME VISITING REPORTING FORM

Person Conducting Visit_____

Parent Being Visited_____

Date_____

1.0. Purpose/Type of Visit

_____Initial/Program Orientation Visit

_____Complete Family Data Sheet

_____Planned Educational Visit

_____Planned Support Visit

_____Planned Follow-Up Visit

_____Conduct Developmental (child) or Developmental (parent Visit

Narrative:_____

_____

2.0. Plan of Visit (In narrative form, briefly explain the activities you plan to carry out during the visit)

_____

_____

3.0. Implementation of Visit (In narrative form, briefly describe important events, behaviors, & activities that took place during the visit)

_____

_____

4.0. Needs of Family Identified During Visit (Please list and explain specific needs of the family that you identified that you feel place the family (parent or child or both) "at risk")

_____

_____

_____

5.0. Home Visit Follow-Up Plan To Meet Needs (Please list objectives and proposed follow-up activities you plan to use in meeting needs or in continuing your work with the family visited)

_____

_____

Appendix C

Home Visit Assessment Form

Focus Home Visit Assessment Form

Family name_____

Child's Name_____Child's Age_____

Parent(s) Name_____Parent(s) Age_____

Parent's Level of Education_____

Family Income/Employment Status_____

Number of children in home_____

Number of adults in home_____

_____

1.0. Family background information gleaned from family in-take process and home visits_____

_____

_____

_____

2.0. Primary home visit content and activities with this family_____

_____

_____

_____

_____

3.0. Synthesis of field notes as related to influence of home visit process (particular emphasis on home visitor/parent relationship)_____

_____

_____

_____

Appendix D

Staff Interview Form

Focus Staff Interview/Self Report Form

1) What is the primary purpose of the home visit program?
2) How are the purposes of the home visit program arrived at, who is involved?
3) What is the content of the visits as carried out in the project?
4) What types of activities are carried out in the home visit process?
5) What kinds of materials and resources are typically used during the visits?
6) Is there a pattern to the visits as conducted with each family? Describe it?
7) What process is used to arrive at a lesson plan for each family?
8) How are parents involved in the home visits?
9) What involvement behaviors do parents use during the home visits?
10) Is there a pattern of parental involvement during the home visits?
11) What specific activities do parents actually do with their children during the visits?
12) What outcomes of the home visits are observed in parent interactions with their children? Other outcomes you have observed!
13) How do parents perceive the home visit process?
14) How is the home visit process related to services available in other agencies?
15) How is the home visit process interrelated with the work of teachers at the site schools?
16) What are your observations regarding the value of the home visits?